



*PRIMARY HOME CARE (PHC)  
ATTENDANT COMPENSATION RATE  
ENHANCEMENT  
Fiscal Year 2022  
Enrollment Worksheets and Instructions*

**July 1 - July 31, 2021 Enrollment  
for Levels to be Effective September 1, 2021**

NOTE: These worksheets are provided for your own information and may be retained in your files for future reference. **Do not return** them to the Texas Health and Human Services Commission.

For assistance with the completion of these forms, contact:  
[PFD-LTSS@hhs.texas.gov](mailto:PFD-LTSS@hhs.texas.gov) or 512-424-6637.

A project of  
the Texas Health and Human Services Commission (HHSC)

# **INSTRUCTIONS**

## **Primary Home Care (PHC) Attendant Compensation Rate Enhancement Enrollment Worksheets**

### **Purpose**

To allow providers to calculate spending requirements and potential differences between costs and revenues under the Attendant Compensation Rate Enhancement. Providers can use this information to help them make an informed decision about participation in the enhancement program

### **Reporting Period**

Select a reporting period that represents your typical caseload and staffing, and that is as close to the open enrollment period as possible. We recommend that the reporting period covers any length, although a minimum of one payroll period.

For example, the reporting period might be one payroll period in June, one month (i.e., June 1 - June 30), or your most recent cost-reporting period. Check for inconsistencies in your data and errors in your calculations, We recommend that you complete worksheets for two different reporting periods at least three months apart and compare the results. Significant variances indicate either an error in completing the worksheets or Significant fluctuations in caseload and staffing. Consider any such variations when making your enrollment decision.

### **Elimination of Grouping of Contracts**

Changes to *1 TAC §355.112(ee)* were effective April 1, 2012 that changed the timing of requests for grouping. Providers will no longer be given the option of grouping during this Fiscal Year 2022 Open Enrollment, but instead they may request HHSC Provider Finance Department (PFD) to aggregate (also known as grouping) the contracts at the time of the submission of the cost report covering the fiscal year of the awarded enhancement level.

### **Levels of Enhancement**

Contracted providers must request an enhancement level at which they want to participate in this optional program. Contracted providers providing both Priority and Nonpriority services must specify for each type of service (i.e., Priority and Nonpriority) the level of enhancement they wish to participate. Please refer to the Enrollment Contract Amendment as the method for requesting a level . Providers may request a level within the proposed range; therefore, HHSC PFD recommends that you complete the worksheets for whatever level you want to request to inform your decision. Funds may not be available to grant all requests; therefore, please consult the Participation Status - Levels Awarded List to be posted on the HHSC PFD webpage

for this program in mid-September 2021 to learn your final awarded level. HHSC will not distribute award letters. HHSC Webpage is the sole source for information about awarded levels.

## **Definitions**

### *ATTENDANT –*

- The unlicensed caregiver providing direct assistance to the clients with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).

Attendants do not include:

- The director
- The Owner
- administrator
- assistant director
- assistant administrator
- clerical and
- secretarial staff
- professional staff
- other administrative staff
- licensed staff
- attendant supervisors unless they are delivering attendant services that cannot be delivered by another attendant, to prevent a break in service.

To be allowable for the Attendant Compensation Rate Enhancement, attendant expenses must be direct costed. Direct costing requires daily timesheets documenting time spent performing attendant services for the contract.

# PHC WORKSHEETS - Priority & Non-Priority

Instructions for the Worksheets are identical except that one should be completed for Priority attendants only and the other should be completed for Nonpriority attendants only.

## STEP 1 - Enter required data

**NOTE:** exclude all salaries, wages, payroll taxes, benefits and mileage reimbursements for services delivered to STAR+PLUS clients.

Round all monetary amounts in Step 1 to the nearest whole dollar (with no zeros included for "cents").

For example, round \$25.49 to \$25 and round \$25.50 should be \$26.

Staff and Contracted Attendant Salaries and Wages: report accrued salaries and wages for attendants employed or contracted by the provider and who you are required to make FICA contributions. Salaries and wages include overtime, cash bonuses, and cash incentives paid from which you must deduct taxes. See the Definitions section for requirements about staff members functioning in more than one capacity.

FICA and Medicare: report employer-paid FICA and Medicare taxes for attendants. FICA taxes may be allocated based upon the percentage of eligible salaries.

State and Federal Unemployment: report both federal (FUTA) and state (TUCA) employer-paid unemployment expenses for attendants. Based upon the percentage of eligible salaries, you may allocate the unemployment expenses.

Workers' Compensation Insurance Premiums: report premiums for workers' compensation insurance, industrial accident policies and other similar types of coverage for employee on-the-job injuries for attendants. Based upon the percentage of eligible salary, you may allocate Workers' compensation premiums.

Workers' Compensation Paid Claims: report medical claims paid for employee on-the-job injuries for attendants. Paid claims may be allocated based upon a percentage of eligible salaries or direct costed. Employee Health Insurance: report employer-paid health insurance for attendants.

Employer-paid health insurance premiums must be direct costed. Paid claims may be allocated based on percentage of eligible salaries or direct costed.

Employee Life Insurance: report any employer-paid life insurance for attendants. Employer-paid life insurance costs must be direct costed.

Other Employee Benefits: report any employer-paid disability insurance and retirement contributions for attendants. These benefits must be direct costed. The contracted provider's unrecovered cost of meals and room and board furnished to direct care employees, uniforms, job-related training reimbursements and job certification renewal fees are not to be reported as Other Employee Benefits.

Mileage Reimbursement: report the mileage reimbursement paid to an attendant for use of his/her personal vehicle and which is not subject to payroll taxes. The maximum allowable mileage reimbursement is as follows:

- 1/1/20 – 12/31/20 57.5 cents per mile
- 1/1/21 – 12/31/21 56.0 cents per mile

Box A -Total Attendant Cost: sum all the above into Box A.

Box B Report the total number of units of PHC services PROVIDED by your attendants to all individual clients (excluding STAR+PLUS clients) during the reporting period. This does not mean the number of PHC hours of service billed! In addition to the billed units of service, you should include units of provided service for which you may not receive reimbursement (e.g., service provided to a client whose doctor's orders are not up to date). Report units of service to two decimal places. For example, 175.5 units of service report as 175.50 and 174 units of service report as 174.00.

**NOTE:** All monetary calculations in Steps 2 - 3 should be carried out to **two decimal places**.

## **STEP 2 - Determine attendant cost per unit of service.**

Divide total attendant costs from Box A by total units of service from Box B. Enter the result in Box C. This is your estimated attendant cost per unit of service.

For Step 3 , please refer to the attached Priority and Nonpriority Payment Rates worksheets to obtain the attendant rate for each participating level.

## **STEP 3 - Determine attendant rate and attendant spending requirement for requested participating level.**

Enter the level of enhancement at which you will request to participate in Column A. Enter in Column B the attendant rate component for the enhancement level at which you will request to participate. To calculate the required spending for participating at the enhancement level requested, take the amount in Column B and multiply by 0.90. Enter the result in Column C.

Enter Column E your current attendant cost per unit of service from Box C, Step 2. Subtract the value in Column E from Column C. If the result of this operation is less than zero, set the result equal to zero. Enter the result in Column F.

Column D shows the difference between the attendant rate component for the enhancement level you have requested and the required attendant compensation spending for that requested level.

Column E shows your current spending on attendant compensation.

Column F shows how much you would need to increase your current spending on attendant compensation to meet the attendant spending requirement for participating at the level you requested.

## **Things to consider when making your participation decision.**

This lists various aspects of your business situation to consider in making your participation decision. The list is not all-inclusive, and there may be other facts to consider in deciding whether or not to participate.

**Check all calculations to insure accuracy.**